

15/5/2010

INS. CASE OWNER:

CC 6/AIG1802

LKK:

IDAC:

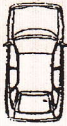
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : YEO SHIENNA ELSON (2003)

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

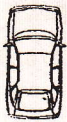
Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : %

Final ? Yes / No

SME 9971

INSRS:
WSP:
Tel :
Liability :
RMKS:Hua
mengINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SME 9971 - 4

SME 9971 - 4

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

L6

S\$ 4,000.00

(4 days) Reduction:

66

%

Email

Call

FINAL SETTLEMENT

Date/Time: 20/06/19

Confirm with

JING

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. :

27

Repair Cost:

S\$ 4,000.00

Loss of Rental (LOR):

S\$ 400.00

(4 days) x 400

Loss of Use (LOU):

S\$

-

(\$ x days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

-

Medical:

S\$

7.95

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$ 4,407.95

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4,407.95

Name 1:

HUA HONG SPRAY PAINTING WORKSHOP

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

320.00